

FROM McANDREWS, HELD, & MALLOY

(FRI) 11. 25' 05 20:29/ST. 20:29/NO. 4861050136 P 1



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TO: Nghi H. Ly

FAX NO.: (571) 273 - 8300

Examiner, Art Unit 2686

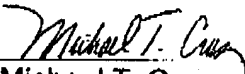
FROM: Michael T. Cruz

CLIENT: 1772

MATTER: 15258US02

Number of Pages This Transmission (Including Cover Page): 11

I hereby certify that the attached correspondence is being facsimile transmitted to the facsimile number (571) 273-8300 at the United States Patent and Trademark Office on November 25, 2005.

  
Michael T. Cruz  
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PTO/SB/21 (09-04)

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TRANSMITTAL FORM		Application Number	
(to be used for all correspondence after initial filing)		09/634,552	
		Filing Date	
		August 8, 2000	
		First Named Inventor	
		Ahmadreza Rofougaran	
		Art Unit	
		2686	
		Examiner Name	
		Nghi H. Ly	
Total Number of Pages in This Submission		Attorney Docket Number	
10		15258US02	
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form (1 Page)		<input type="checkbox"/> Drawing(s)	
<input type="checkbox"/> Fee Attached		<input type="checkbox"/> Licensing-related Papers	
<input checked="" type="checkbox"/> Response (6 Pages)		<input type="checkbox"/> Petition	
<input type="checkbox"/> After Final		<input type="checkbox"/> Petition to Convert to a Provisional Application	
<input type="checkbox"/> Affidavits/declaration(s)		<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	
<input checked="" type="checkbox"/> Ext. of Time Request (1 Page)		<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Express Abandonment Request		<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement		<input type="checkbox"/> CD Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		<input type="checkbox"/> After Allowance Communication to TC	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
		<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
		<input type="checkbox"/> Proprietary Information	
		<input type="checkbox"/> Status Letter	
		<input type="checkbox"/> Return-Receipt Postcard	
		<input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks		Extension of Time Request filed in Duplicate.	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	McAndrews Held & Malloy, Ltd.		
Signature	<i>Michael T. Cruz</i>		
Printed Name	Michael T. Cruz		
Date	November 25, 2005		
CERTIFICATE OF FAX TRANSMITTAL			
I hereby certify that this correspondence is being sent via facsimile to Nghi H. Ly, an Examiner of the United States Patent and Trademark Office, at (571) 273-8300 on November 25, 2005.			
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Date	November 25, 2005

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<b>Effective on 12/08/2004</b> <b>Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818)</b> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2005</h3>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/834,552
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	August 8, 2000
METHOD OF PAYMENT (check all that apply)		First Named Inventor	Ahmadreza Rofougaran
		Examiner Name	Nghi H. Ly
TOTAL AMOUNT OF PAYMENT (\$)		Art Unit	2688
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	15258US02
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: <u>McAndrews Held &amp; Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply) <input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments			
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>			
Application Type	Filing Fees	Search Fees	Examination Fees
	Fee (\$)	Fee (\$)	Fee (\$)
	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)
Utility	300	500	200
Design	200	100	130
Plant	200	300	160
Reissue	300	500	600
Provisional	200	0	0
			Fees Paid (\$)
<b>2. EXCESS CLAIM FEES</b>			
Fee Description	Fee (\$)	Small Entity Fee (\$)	
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	
Multiple dependent claims	360	180	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-20 or HP	x	=	
HP = highest number of total claims paid for, if greater than 20			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP	x	=	
HP = highest number of independent claims paid for, if greater than 3			
<b>3. APPLICATION SIZE FEE</b>			
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
-100	/50	(round up to a whole number)	x
			=
<b>4. OTHER FEE(S)</b>			
Non-English Specification, \$130 fee (no small entity discount)			Fee Paid (\$)
Other: Request for a One-Month Extension of Time (\$120.00)			120.00
<b>SUBMITTED BY</b>			
Signature	<u>Michael T. Cruz</u>	Registration No. (Attorney/Agent)	44,636
Name (print/type)	Michael T. Cruz	Telephone	(312) 775-8084
		Date	November 25, 2005

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